Maryland Trauma Physician Services Fund
Submitting Uncompensated Claims

ADMINISTERED BY:

CoreSource
A Trustmark Company

Outline

- Background on the Trauma Fund
- Criteria for access to the Fund
- Guidelines and stipulations
- Completing the ***Claim Forms***

Goals

- At the end of the presentation, participants will:
  - Understand the goals of the Trauma Fund
  - Identify beneficiaries of the Fund
  - List qualifying conditions for patients
  - Understand guidelines and procedures for completing a claims form for the Fund
  - Observe a completed ***claim form***

The Fund Components

- The Facility component
  - Trauma centers/facilities submit bi-annual application to the Fund for on-call services.
  - Physician
    - Medicaid – handled by Medicaid, paid at 100 percent of Medicare rate. Must use a 'U1; modifier.
    - Uncompensated Care
- The focus of this training ***will show you how*** the Uncompensated Care ***claim forms should be*** completed and submitted for payment

MD Trauma Physician Services Fund

- Fund ***was*** created to reimburse physicians for treating uninsured trauma patients.
  - For initial traumas occurring before July 1, 2006, initial emergency or hospital visit is covered.
  - For initial trauma occurring on or after July 1, 2006, emergency visits, initial hospitalization and follow-up inpatient stays and outpatient visits directly related to the original trauma injury are covered.

Trauma Fund

- Trauma Fund
  - Why have it? – to stabilize the trauma system.
  - Trauma physicians are at risk when attending to patients that are not insured
  - When was it started? – Maryland General Assembly passed the 2003 legislation creating the Fund
  - Eligibility for uncompensated care was expanded in 2006 to any ***physician*** treating trauma patients at the trauma center hospital.

Who Gets Paid

Who is eligible for payment?

- All physicians treating trauma patients after July 1, 2006.
- The following Physician specialties were covered prior to July 1, 2006:
  - Trauma Surgeons
  - Orthopedic Surgeons
  - Neurosurgeons
  - Critical Care Physicians
  - Anesthesiologists
  - Emergency Room Physicians

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Beneficiaries of Service

3 Conditions must be met by the patient and practice.

- Patient can have no private or public health coverage
- Patient has a trauma registry record in the Maryland Trauma Registry or Hand Injury Registry (currently under development/operational by midsummer)
- The practice made documented efforts to collect the ***payment*** from the patient (we'll get to that later)

Beneficiaries of Service *(contd.)*

Lack of private & public health coverage means:

- No Medicare Part B coverage
- No VA health benefits or Military health benefits
- No workers compensation coverage
- Not eligible for Medicaid

The only source of payment is from the patient.

Guidelines and Stipulations

Qualifying Locations –

- 9 trauma centers
- 2 pediatric trauma centers:
  - Johns Hopkins Children's Hospital
  - Children's National Medical Center
- 3 specialty referral centers:
  - Hopkins Burn Center
  - JHU Wilmer Eye Center
  - Union Memorial Hand Center*
  - (Hand Registry Currently Being Established)

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Guidelines and Stipulations

Eligibility

- Uncompensated trauma services provided before July 1, 2006, not previously paid by the Fund.
  - Services provided by anesthesiologists, critical care specialists, neurosurgeons, trauma surgeons and emergency medicine physicians
  - Services during the initial trauma admission
- Uncompensated trauma services provided beginning July 1, 2006

Guidelines and Stipulations

Eligibility (continued)

- Uncompensated trauma services provided beginning July 1, 2006.
  - Any physician providing care to a trauma patient at a trauma center hospital (emergency department, inpatient, outpatient)
  - All follow-up services must be related to the original trauma.
  - Non-physician services are NOT eligible.

Guidelines and Stipulations

- Remember it is called "Fund of Last Resort"
  - Claim forms ***are*** submitted to the fund after practice has confirmed that no other health insurer exists and attempts to collect from patient have failed.

Coordination of benefits is allowed for PIP auto

  - What is not paid by PIP may be claimed from the Fund.

- No COB allowed when health insurance exists.
  - Whatever billed amount unpaid by the primary insurance cannot be submitted for payment to the Fund

Guidelines and Stipulations
Special Conventions for HMOs and PPOs

- HMOs are required to reimburse non-contracting physicians for providing a covered service. (Health General 19-710.1.)
- Non-contracting physician must submit claim for payment to an HMO.
- Denials must be referred to the Maryland Insurance Administration.
- Physicians must also seek payment from PPOs, even if you are not contracting (no protection under Maryland law).
- Physicians even when non-contracting are not eligible for reimbursement from the Trauma Fund

Guidelines and Stipulations

Payment rate

- 100% of Medicare fee for same services utilizing the Baltimore pricing regional rate scale

- The fee will be based on Medicare Fee Schedules in place when the service was provided

Audit process

- Any claim may be subject to retrospective audit (after payment)

- Claims of $5,000 or more may also be subject to a prospective (prior to payment) audit

Completing the Claims Form

NOTE:

- Bi-annual applications are no longer required for uncompensated care

- Submit after you fulfill the standard billing requirement

- No time limits to submission of claims

Completing the Claims Form

Requirement:

- Claim forms must be submitted via fax (1-866-442-9420) or;
- Paper format from February 1st, 2007(mailed in-see address on slide #30)
- Electronic claims will not be accepted until early summer
- Care must have been provided in the following **Places of Service**
  - (21)- Inpatient
  - (22)- Outpatient – (follow-up)/ [not in physician practice office, must be at a trauma center]
  - (23)- Emergency Department
- Claims can be submitted only after practices have applied payment ***collection*** policies of the standard 3 billing cycles.

Completion Process

- We will highlight certain sections as we go through the claim form "CMS-1500"

CMS-1500

Form Completion Process- *(contd.)*

Highlights of required sections

Top of form:

- Block 1: Identification Required
- ***Block 1a: Trauma Center # +Trauma Registry #+M (ex. 0101235M)***
- Blocks 2 & 3: Required
- Blocks 9 and 9a: Required

Blk.1: Ask & be sure the patient does not have any insurance	Blk.1a: ***Trauma Center # + Trauma Registry #+M***
Blk.2: Spell the name correctly Blk.3: Fill this in	Blk.9: Other insured's name can only be PIP Auto Blk.9a: Policy/group # is required

Form Completion Process- *(contd).*

- Block 10: This question is very important and must be filled in
- ***Block. 11 Group "2250" is inserted here, this information is required***
- Blocks 12 & 13: Accept assignment
- Block 14: This must be completed –initial injury

Blk.10: Indicate if patient's condition is related to any of the stated categories	Blk.11: Insert Group **2250** Blk.11a: Provide information – as required
Blk.12 & 13: Accept assignment- signature on file	Blk.14: THIS IS IMPORTANT – must complete - date of initial trauma for which the service is being provided

Form Completion Process- *(contd.)*

- Block 17: A physician must be the provider rendering service – non-physician providers are not eligible for uncompensated care
- Block 21: There must be at least 1 valid injury code (E-code-E800-E999) or an ICD-9-CM in the range of 800.0 through 959.9
- ***Block 23: 8-digit Trauma Registry Number (facility # + trauma registry #)+ M***
- ***Block 24a: Date of Service***
- Block 24b: Place of Service

Blk.17: Physicians only are covered	Blk.21: Diagnosis code- Need the E-code or a code within the 800.0 – 959.9 range
Blk.23: The ***8*** digit number is made up of the last (2) trauma ctr. Id & 6 digit trauma registry # for patient and **M** (totals 9 characters)	***Blk. 24a: Enter Date of Current Service-*** Blk.24b: Enter codes – 21 –inpatient, 22 – outpatient (follow up), 23 -ED

Form Completion Process- *(contd.)*

- Block 24d: The U1 modifier number in one of the fields must be associated with the trauma on the form
- Block 24e: Diagnosis code
- Block 24f: Enter the amount
- Block 24g: Days/ ***Anesthesia Units***

Blk.24d: "U1" modifier number must be entered on the claim form	Blk.24e: Diagnosis code
Blk.24f: Enter amount ***Blk.24g: Days/Anesthesia Units***	Recheck that all these information are on the form

Form Completion Process- *(contd.)*

- Blocks 25, 27, 31 & 33 – ***Requires information about the physician providing the services; must be completed.***
- Block 26- Patient's internal account number
- Block 28- Must be completed by the billing physician's office
- Block 29- Complete if applicable

Blk.25: Federal Tax I.D. #, SSN or EIN required Blk.26: Patient's account # Blk.27: Be sure to complete this	Blk.31: Signature -signature stamp acceptable/ real signature or typed Blk.32: Facility identification-name and address of the hospital where the center is located
Blk.28: Enter the amount Blk.29: Amount paid by patient, PIP payment, if any	Blk.33: ***Please provide payment remittance address***

Anesthesiology – Special Conventions

- Physician Services only are covered by this fund
  - CRNA services can not be billed.
  - Supervision of CRNA can be billed.
- Reporting should be done in "Time Units" (base+time units)
- Reimbursement will be based on Medicare Anesthesiology Fee Schedule using CF for Baltimore Locality

Reminder

- Out of network reimbursement is 140% of the Medicare rate for trauma services at the center
- 125% of Medicare rate for follow up care
- Physician must invoke these requirements
  - - Not eligible for Fund

Form Completion Process- *(contd.)*

- Payment will be made approximately 75 days from receipt of ***claim***
- Calls will be ***taken regarding claim questions/concerns*** – the number is provided at the end of this presentation
- Notification in writing will be sent if ***claim*** is denied (EOB)
- Appeals in writing within 60 days from the receipt of a denied claim should be sent to CoreSource

Form Completion Process- *(summary)*

The following information ***is*** required:

- Name & EIN number of the trauma physician
- Date & place of service
- Appropriate codes describing the service/modifier
- Any amount recovered for the service
- Name of the trauma patient
- Trauma patient's Maryland Trauma Registry number
- U1 Modifier
- Group number 2250
- Date of first injury

Form Completion Process- *(contd.)*

- Questions and Answers

Contact Information

- CoreSource is the TPA in charge of recommending payment to the State Comptroller
- CoreSource main #: *800-624-7130*
- Address: *4940 Campbell Blvd., Ste. 200, Baltimore, MD 21236*
- CoreSource Contact Persons:

Claims questions:

- Vikki Dileonadi ext. 57952 & Lisa Coletti ext. 57975

Administrative questions:

- Mrs. Penny Feemster ext. 54559
- Mrs. Barbara Thurfield ext. 55517
- Mrs. Stacey Curtiss ext. 55501

Contact Information

- ***Questions concerning payments/concerns are directed back to the Maryland Health Care Commission via CoreSource –***
  - Phone#: 1-866-229-5908

Toll-Free Fastfax filing #:

- 866-442-9460

Web address for MHCC:

http://mhcc.maryland.gov

Please go to the Health Care Community "block" and access Trauma Fund in dropdown.

Flow-chart of Submission Process